TCE NEWS
TENTH EDITION
SEPTEMBER 2001
TARGETED CAPACITY EXPANSION

SEPTEMBER 2001—NATIONAL RECOVERY MONTH

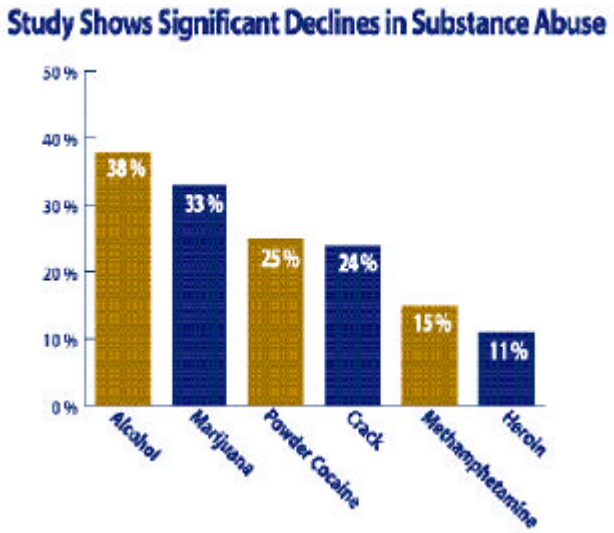
National Alcohol and Drug Addiction Recovery Month was observed during September 2001. The month was set aside to highlight the societal benefits, importance, and effectiveness of drug and alcohol treatment as a public health service in your community. The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment, in conjunction with its national planning partner organizations and treatment providers, has organized this year's campaign materials as a toolkit that allows you to easily tailor a community outreach program that matches your time and resources while helping to educate key constituent groups about the need to involve them in improving treatment in your community. The kit offers ideas and suggestions for planning and implementing a manageable campaign that conveys this year's observance theme, *We Recover Together: Family, Friends, and Community*, which emphasizes the importance of family and community in the recovery process. *(Excerpt from The National Clearinghouse for Alcohol and Drug Information article)*

HEALTHY CHILDREN AND MOTHERS ARE THE RESULTS OF SUBSTANCE ABUSE TREATMENT

ALCOHOL, DRUG ABUSE, AND CRIME DECLINE DRAMATICALLY

Drug- and alcohol-dependent women who are pregnant or who have children significantly reduce their alcohol or drug use as well as criminal behavior following residential substance abuse treatment, according to a new report issued on September 6, 2001, by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). The study, *1993-2000 Residential Treatment Programs for Pregnant and Parenting Women*, evaluated substance abuse treatment programs designed for pregnant women or women with infants and/or children.

Use of crack cocaine declined from 51 percent of the women studied six months before treatment to 27 percent six months after treatment. Similar declines were noted in the use of marijuana, from 48 percent to 15 percent; powder cocaine, 34 percent to 9 percent; methamphetamine, 21 percent to 6 percent; heroin, 17 percent to 6 percent; and alcohol, 65 percent to 27 percent.



"There's no question that treatment provides a second chance to mothers and children, and we need to do everything we can to give them that opportunity," said U.S. Department of Health and Human Services Secretary Tommy G. Thompson. "We must continue to make effective community-based treatment programs available to those who need it."

The study also found that the rates of premature delivery, low birth weight, and infant mortality were improved for women who participated in long-term residential substance abuse treatment while pregnant.

The report was released as part of the kickoff for the ***12th Annual National Alcohol and Drug Addiction Recovery Month*** observance, held to applaud the courage of people in recovery and recognize the progress made in substance abuse treatment services. The theme for this September's observance was ***"We Recover Together: Family, Friends, and Communities."***

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

CSAT
Center for Substance Abuse Treatment
SAMHSA
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TCE NEWS
TARGETED CAPACITY EXPANSION

RESEARCH FILE

Program Optimization Through Evaluation: Tadiso of Pittsburgh Experience

Literature on drug and alcohol intervention rarely discusses how to use program evaluation findings to continually optimize the intervention system. Recent emphasis by Federal, State, and local funders and program evaluators is on outcome evaluation as part of program accountability for substance abuse treatment facilities. Based primarily on reports by clients, medical records, and urine test results, drug and alcohol treatment facilities are encouraged to conduct evaluation, discuss findings (with major stakeholders), and report back to funding sources. However, relatively few emphasize how to use evaluation findings to continually improve program effectiveness. Certainly, literature is sparse on empirically verified factors identified as critical for improving client satisfaction and treatment outcomes. The drug and alcohol intervention specialists, however, need guidance as to which factors affect quality of services beyond theoretical reviews and discussions—and on how or why such factors affect client satisfaction and intervention outcomes. This article highlights a set of findings that help explain these factors based on suggested measurements in the Government Performance and Results Act (GPRA). The research data were gathered from clients being served by Tadiso, Inc., of Pittsburgh (formerly PBA, Inc.—The Second Step) through research consultation services provided by Excellence Research, Inc., of Pittsburgh.

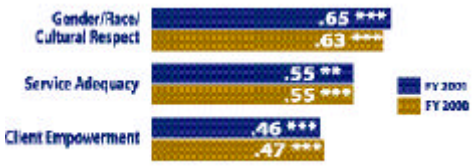
Tadiso's annual client satisfaction and program outcome assessments were conducted during February and March of 2000 and 2001, based on a random selection of slightly more than 200 clients each year. The selection method consisted of utilizing a random number table and matching the last two digits of the client's identification number. Nearly all of the selected clients (more than 97 percent) participated in this study. A majority of this study's sample group is female (52.2 percent) and white (54 percent). The survey instrument was designed to gather data on clients' assessments and opinions regarding: (1) service utilization rate and their helpfulness; (2) various staff and management groups; (3) client empowerment; (4) adequacy of services; (5) client respect and sensitivity to race and gender bias; (6) overall service satisfaction; (7) demographic profile; and (8) GPRA-based measurement of service outcome. The overall average reliability rating of the major assessment areas (i.e., client empowerment, service adequacy, client respect/bias, and overall service satisfaction) is at an acceptable level (coefficient alpha = 0.81). This presentation is, however, limited to a review of findings related to critical predictors of client satisfaction and the extent of their relationship to service outcome.

MAJOR FINDINGS

Statistical Association Between Client Satisfaction and Treatment Perspective

A major finding based on an exploratory analysis is that service satisfaction among Tadiso clients is directly related to the clients' perceived levels of empowerment, service adequacy, and gender/race/cultural respect. As Chart 1 indicates, overall client satisfaction is significantly related to three major factors (consistently over two-year assessment results). In ascending order of magnitude they are: (1) gender/race and cultural respect, (2) service adequacy, and (3) client empowerment. Thus, Tadiso's service paradigm, which emphasizes those three major factors, should be continued to maintain client satisfaction.

Chart 1: Strength of Association Between Overall Client Satisfaction and Treatment Perspective



(Note: *** = P<0.001; ** = P<0.01; * = P<0.05)

Statistical Association Between Client Satisfaction and Specific Services

Client satisfaction may also relate in varying degree to different Tadiso services. Such an analysis should be conducted for two reasons: (1) services which contribute most to client satisfaction should be maintained by Tadiso at an optimal level; and (2) services with low association with client satisfaction should be analyzed further in reference to their utility and/or ways to strengthen their relevance to client satisfaction. As Chart 2 indicates, the major services contributing to client satisfaction include: methadone treatment (A10), family counseling for relationship building (A7), individual counseling for drug abuse/dependence (A4), and physical health services (A8).

Strength of Association Between Client Satisfaction and Tadiso Staff Members

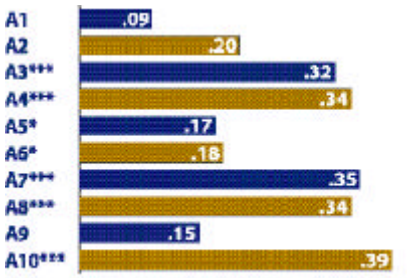
Client satisfaction is also known to relate in varying degree to various staff groups. This information can be helpful for staff development/training efforts within the organization. As Chart 3 indicates, all staff categories were significantly related to overall client satisfaction except administrative personnel (which may be viewed as a distant organizational group by clients). However, staff members' overall attitude and behavior towards clients may significantly influence client satisfaction.

Gender, Race and Age Group Comparison

Although there were some differences in average ratings among gender, racial and age groups on various factors, none of them were statistically significant. Although white clients generally issued somewhat lower ratings on the selected five major factors (i.e., client empowerment, service adequacy, gender/race/cultural respect, staff helpfulness, and overall satisfaction), the actual differences were less than 0.4 units between the highest and

lowest average ratings—an insignificant difference. However, monitoring of such assessment results are encouraged for sustaining and improving overall service satisfaction among clients.

Chart 2: Strength of Association Between Overall Client Satisfaction and Specific Tadiso Services

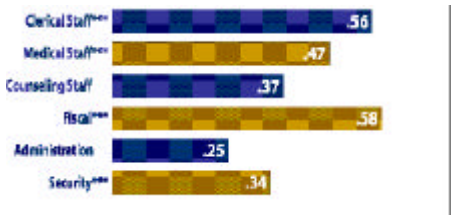


(Note: *** = P<0.001; ** = P<0.01; * = P<0.05)

Code:

A1. Child care at Tadiso
A2. Parenting knowledge/skill-building
A3. Individual counseling for emotional/mental health
A4. Individual counseling for drug abuse/dependence
A5. Group counseling for emotional support
A6. Group counseling for drug-related issues/problems
A7. Family counseling for relationship-building
A8. Physical health-related services
A9. Self-sufficiency (e.g., employment, legal, adult education)
A10. Methadone treatment

Chart 3: Strength of association between overall client satisfaction and Tadiso staff members

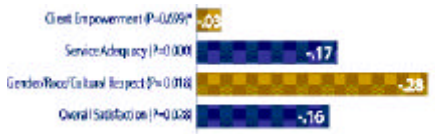


Note: *** = P<0.001; ** = P<0.01; * = P<0.05

Recent Drug Usage and Empowerment, Service Adequacy, Gender/Race and Cultural Respect, and Client Satisfaction

Clients were asked to respond to drug usage questions based on the previous 30 days (GPRA includes nine categories for identifying a specific drug of choice). Although more than one-third of the clients (37.7 percent) indicated that they had used a drug at least once, almost none of the drug categories were statistically related to perceived client empowerment, service adequacy, gender/race/cultural respect, and overall service satisfaction. The only exception was with "use of alcohol to intoxication" (drinking 5 or more in one occasion). As Chart 4 indicates, service adequacy, gender/race/cultural respect and overall client satisfaction were negatively related to the number of days intoxicated. Such findings support the notion that the intervention outcome is being influenced (at lease in part) by contemporary treatment paradigm, which encourages the above-mentioned factors.

Chart 4: Strength of Association Between Number of Days Intoxicated (past 30 days) and Client Empowerment, Service Adequacy, Gender/Race/Cultural Respect and Overall Satisfaction.



Note: * = Not significant

A possible reason for the non-significant relationships between various drug categories (e.g., heroin, cocaine, PCP, inhalants, etc.) and the selected variables is that of a 30-day window may be too short for measuring substance use behavior among clients. On the other hand, clients may be using alcohol as a substitute for previous "hard" drugs of choice. Thus, the extent of clients' efforts toward recovery may be better reflected with "use of alcohol to intoxication," especially based on a measurement with a relatively short timeframe.

SUMMARY

As noted, the major focus of this article is on factors significantly associated with client satisfaction and service outcomes. The findings indicate that overall client satisfaction is significantly related to three major factors—gender/race and cultural respect, service adequacy, and client empowerment efforts. Thus, Tadiso's intervention paradigm—with its focus on quality assurance through client respect, empowerment, service adequacy, and staff support—is in agreement with clients' perspective on what constitutes satisfactory service. Additionally, such factors are also related to excessive alcohol use. This information adds to current literature on how to utilize program evaluation findings for continual optimization of the intervention system. Although it may be argued that an agency-based study limits external validity of findings, Tadiso can capitalize on the study findings and continue its effort toward optimization of services to secure maximum client satisfaction and positive intervention outcomes. It is noticeable, however, that future studies need to focus on potential statistical interaction effects between clients' demographic factors and selected major variables. It is anticipated that client satisfaction with services and the intervention outcomes will continually evolve in different directions among subgroups of clients (e.g., by race, gender, and age). Thus, continual evaluation of services based on client opinions and outcome assessment is essential for generating most desirable among drug and alcohol clients with competence and efficiency.

Submitted by Hide Yamatani, PhD
Dr. Yamatani is a CSAT Evaluator currently working with TADISO, Inc. and the PBA Inc. Braddock Hospital Collaboration in Pittsburgh, PA

Acting SAMHSA Administrator Joseph H. Autry III, M.D., pointed out, "Addiction tears families apart. We know effective treatment can bring families together. Our job now is to continue to put what we have learned into the hands of community-based treatment providers. *Recovery Month* gives us an opportunity to raise awareness that treatment can restore hope and reclaim lives."

"These programs indicate that substance abuse treatment can save taxpayers money that otherwise would be spent on other medical costs," said H. Wesley Clark, M.D., J.D., M.P.H., CSAT Director. "Data in a 1998 study on drug-exposed infants indicate that it cost an additional $7,700 in medical care before these babies leave the hospital. The infants in our study, whose mothers were in residential substance abuse treatment, avoided low birth weight, premature delivery, and death at rates better that the rates for all U.S. pregnancy outcomes. This saves not only dollars but also heartache and misery for the family, friends, and community." The programs achieved a 7.3 percent rate of premature delivery among clients in treatment, representing a 70 percent risk reduction compared to an expected 24 percent rate of premature deliveries among untreated alcohol or drug abusers. More than 60 percent of the clients reported being completely free of alcohol and drugs throughout the six months following discharge. An additional 13 percent relapsed since discharge but were completely alcohol and drug free in the 30 days prior to being interviewed. Six months following discharge, clients who stayed in treatment longer than three months were more likely to remain alcohol and drug free, less likely to be arrested, more likely to report employment as their main source of income, and more likely to report having custody of one or more of their children.

DEALING WITH THE UNTHINKABLE: COPING SKILL PRIMER

COPING WITH THE AFTERMATH

Most people who are coping with the aftermath of a disaster are normal, well-functioning people who are struggling with disruption and loss caused by the disaster. They do not see themselves as needing mental health services and are unlikely to request them. Community outreach may be necessary to seek out and provide mental health services to individuals who may be affected by a disaster.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) with the Federal Emergency Management Agency in overseeing national efforts to provide emergency mental health services to survivors of Presidentially-declared disasters. The Branch's activities support individuals and communities affected by disasters, state and local mental health administrators, and other groups that respond to those affected by human-caused disasters.

Source: *Press Release by The National Clearinghouse for Alcohol and Drug Information*

PREVENTION OF PSYCHIATRIC MORBIDITY IN CHILDREN AFTER DISASTER

Exposure to a psychologically traumatizing event constitutes a significant risk factor for later psychiatric disturbance at all ages. In most cases, it takes the form of what is sometimes a very persistent Post-Traumatic Stress Disorder (PTSD). Episodes of depression, particularly when they are associated with a significant loss, also occur along with other problems that are known as regressive behaviors. Onset is rarely delayed, and most children and adolescents with sequelae are symptomatic immediately after the trauma. The likelihood of significant psychiatric sequelae developing appears to be directly prepositional to the degree of trauma experienced. This can be gauged by such indicators as proximity to the impact zone and the extent to which the disaster posed a direct threat to the child's life, caused physical injury, or resulted in a significant loss. Certain modifiable experiences that often follow a disaster might promote the persistence of symptoms. These include the child or adolescent witnessing injury or death in others, being discouraged from talking about the experience, or being separated from his parents or significant others. More comprehensive studies have shown little evidence of an interactive effect with social demographic factors. Some suggested preventive intervention models show how knowledge about risk factors can be practically applied. Children and adolescents at the greatest risk, those who suffered significant exposure and who are symptomatic immediately after the trauma, are readily identifiable and can be referred for psychological debriefing and other therapies that might be reimbursable with federal disaster relief funds. The disaster's impact can be minimized by keeping children with their parents or siblings whenever possible, encouraging them to talk about the experience, and refraining from using them as rescuers.

Source: D. Shaffer, I. Philips, and N.B. Enzer, Eds., Prevention of Mental Disorders, Alcohol and Other Drug Use in Children and Adolescents. University of California, Los Angeles, CA. OSAP Prevention Monograph No. 2, 1998.

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TCE HIV AND HIV OUTREACH GRANTEES HIGHLIGHT PROGRAMS AT NATIONAL HIV PREVENTION CONFERENCE

The 2001 National HIV Prevention Conference was held in Atlanta, Georgia, August 12-15, 2001. The conference was organized by numerous agencies and national organizations and was convened by the Centers for Disease Control and Prevention (CDC). These groups represent public and private organizations who are united in their efforts to prevent HIV and AIDS in the United States. A number of TCE HIV and HIV Outreach grantees made either an oral presentation or a poster presentation at the conference, highlighting the Center for Substance Abuse Treatment (CSAT)-funded projects. Grantees made the following oral presentations:

- "Preventing HIV Infection in Mothers and Their Children," Veronica Catan, PhD, Beth Israel Medical Center, New York, NY, and Lorraine Montenegro, United Bronx Parents, Inc., Bronx, NY
- "HIV Risks and Barriers to Drug Treatment Among Drug Users in a Community-Based Outreach Program—Comparison Between Homeless and Nonhomeless," Jianghong Li, PhD, Merrill Singer, and Elsa Huertas, Hispanic Health Council, Hartford, CT
- "Innovative Approaches to Integrating Substance Abuse Treatment and HIV Prevention for Women," Gloria Lockett, California Prostitutes Education Project, Oakland, CA; Lorraine Montenegro, UBP, Bronx, NY; Kelly O'Bryant and Miriam E. Phields, ACS/Birch & Davis (ACS/B&D), Rockville, MD
- "Innovative Approaches to Engaging At-Risk Populations in HIV Services and Substance Abuse Treatment," Robert Atanda, PhD, ACS/B&D, Rockville, MD; Sandra McDonald, Outreach, Inc., Atlanta, GA; Kelly O'Bryant and Miriam E. Phields, ACS/B&D, Rockville, MD; David Thompson, CSAT, Rockville, MD
- "Integrated Systems of Care: Substance Abuse Treatment, HIV/AIDS, and Other Services," Carolyn Castro-Donylan, Massachusetts Department of Health, Boston, MA; Judith Cohen, PhD, East Bay Community Recovery Project, Oakland, CA; Kelly O'Bryant and Miriam E. Phields, ACS/B&D, Rockville, MD
- "A Case Study of the California Prostitutes Education Project's (CAL-PEP) Integrated HIV Prevention and Substance Use Treatment Program," Lisa Ryan, Carla Dillard Smith, and Gloria Lockett, CAL-PEP, Oakland, CA
- "Connecting HIV Prevention, Substance Abuse, and Mental Health Service for High-Risk Minority Adolescents and Young Adults," Susan Chudwick and Nancy Kingwood, The Greater Bridgeport Adolescent Pregnancy Program, Inc., Bridgeport, CT

Grantees made the following poster presentations:

- "Innovative Approaches to Providing HIV Prevention and Substance Abuse Treatment to a Criminal Population," Craig Love, PhD, CLOVE, Inc., Providence, RI; Kelly O'Bryant and Miriam E. Phields, ACS/B&D, Rockville, MD; Willard York, New Directions Club, Inc., Houston, TX
- "Challenges of Program Evaluation Within a Cultural Context of HIV and Substance Abuse Treatment and Outreach Programs," Bridget Murphy, CODAC Behavioral Health Services, Inc., Tucson, AZ; Kelly O'Bryant and Miriam E. Phields, ACS/B&D, Rockville, MD
- "Engaging and Sustaining Successful HIV/AIDS Prevention Relationships Within MSM Populations," Darrell Wheeler, Columbia University School of Social Work, New York, NY; Keith Cylar, Housing Works, Inc., New York, NY; David Thompson, CSAT, Rockville, MD
- "Outreach as a Gateway to the Prevention-Care/Prevention Continuum: Results of a Continuous Quality Approach to Program, Staff, and Data Development and Evaluation," Debbie Indyk, PhD, Mount Sinai School of Medicine, New York, NY; A. Boyer, Mount Sinai/Health Bridge, New York, NY; I. Ellis, Dominican Sisters Family Health Service, Ossining, NY; G. Love, Women's Information Network, New York, NY; Debbie Pantin, Project Return Foundation, New York, NY; Danielle Strauss, VIP Recovery Project, Inc., New York, NY

REMINDER

QUARTERLY REPORTS should be submitted on time. Any delays must be cleared with your CSAT Project Officer. We look forward to receiving your reports by October 31, 2001. If you need assistance in any way, please call Aaron Benton at (301) 721-5731.

Thank You.
ACS Federal Healthcare, Inc./Birch & Davis
CSAT Team

CASE STUDY: INITIATIVE FOR POSITIVE CHANGE-OVER THE HILL* EASY DOES IT (NEW DIRECTIONS CLUB, INC.)

The following is a poster session presented by Willard York of New Directions Club, Inc. (NDCI) at the 2001 HIV Prevention Conference in Atlanta, Georgia. Herein is a detailed description of the client family and the interventions utilized by New Directions staff in their TCE HIV project. In addition NDCI utilized a family genogram of substance abuse (Fig. 1) to help the staff and the clients to understand the impact of intergenerational substance abuse. This poster illustrates the complexities of working with clients affected by the twin epidemics of substance abuse and HIV/AIDS. The clients described represent a composite of real clients but are not actual clients.

The *Initiative for Positive Change (IPC*) program is a collaboration between three community-based substance abuse treatment and HIV/AIDS-related service providers. This collaboration was formed in response to the ever-burgeoning HIV/AIDS infection rate in the African American community. This program specifically addresses HIV/AIDS prevention and intervention among the ex-offender population. This population has not been targeted due to the mass denial of the high incidence of HIV/AIDS by the prison system. Ex-offender substance abusers are at extremely high risk for HIV/AIDS due to their risky behavior. Therefore the *IPC* program holistically addresses the needs of this population.

A TCE HIV grantee, *NDCI* is one of the IPC providers. It is a residential treatment facility for ex-offenders in Houston, Texas, which provides intensive inpatient and outpatient substance abuse treatment services. Through the *IPC* program, probationers, parolees, or those recently released from state jails can self-refer into NDCI for treatment if they have relapsed. They receive a variety of counseling services. The *IPC* program is unique in that the clients receive case management services not only for themselves but also for their entire families.

Due to the nature of substance abuse, families have been torn apart by this insidious disease. The case managers refer the families to needed social services and work with them for an entire year as the client transitions back into the home and community. Clients are continually counseled on behavior changes so they can stay HIV-negative or, if positive, adopt healthy lifestyles so they can live longer, higher-quality lives.

The Easy Does It component of the IPC program provides counseling and other social services such as food for the families who have lost a breadwinner and school interventions to the children of those who are in the NDCI facility. The Over The Hill component of the IPC program provides testing and counseling for HIV, Hepatitis C, syphilis, chlamydia, and gonorrhea.

The IPC program provides the following services at no cost:

- HIV education and testing
- Substance abuse education and counseling
- Inpatient and outpatient treatment
- Life skills classes
- Parenting/relationship classes
- Anger management classes
- Stress reduction classes
- In-home case management, including family counseling
- Educational groups for adults and adolescents

Initiative for Positive Change: Case Study

Tyrone, age 45, and **Erica**, age 39, are both NDCI residents in the IPC program in Houston, Texas. They have been married (common-law) for more than 20 years. Both entered the program as a result of crack addiction. They have been in residential treatment for 2-1/2 months.

Tyrone has a 25-year addiction using a variety of substances; he entered the program first. He was adamant that his wife enter treatment as well. He has a long history of involvement with the criminal justice system. He has three children (twin girls, 23-years-old, and an older daughter) by his first wife, **Dee Dee**. The twins have three children among them and reportedly have used marijuana. The eldest daughter is reportedly doing well, is employed, and has just bought a new house. He also has three children by his current wife, **Erica** (15-year-old twin girls, **Meesha and Keysha,** and a 17-year-old son, **Pookie**). **Tyrone** previously sold cars and drugs to support the family. He is now working at Skilled Services and is currently looking for another job. He wants to get an apartment for his family. **Tyrone** recently admitted to **Erica** several infidelities during their 20-year union. The women included **Erica's** sister and best friend.

Erica has used crack for approximately two years and marijuana for several years. She entered the program within two weeks of **Tyrone** after Easy Does It staff brought her in. She stated that she has supported the family for years and was a good mother. Although **Tyrone** worked, Erica stated that she was the primary breadwinner. She stated that she never did any hard drugs in the past. She further stated that she asked **Tyrone** what it was like to smoke crack and he shared it with her. She reports that she immediately went all the way down in her addiction and lost everything. **Erica** recently completed her studies to become a Certified Nursing Assistant and is looking forward to getting a job and an apartment for her and the kids. Due to the recent revelations by **Tyrone**, Erica admits she is seriously thinking about moving into an apartment with the girls without **Tyrone**. **Erica** is, anxious to get an apartment now because of the girls living situation.

Prior to entering treatment at New Directions, **Tyrone, Erica,** and the 15-year-old twins lived with **Erica's** mother (**Tyrone's** mother-in-law), who is disabled in a wheelchair and is on oxygen.

She has two houses, both of which are reputed crack houses, in the Sunnyside section of Houston. She is known as the "queenpin" in the area. **Erica's** side of the family is heavily entrenched in the drug culture. Several family members—sons and daughters, nieces and nephews, cousins and even grandchildren—are involved in the "business." **Tyrone** reportedly went to jail this last time for the mother-in-law. Initially, **Erica** was in denial about her mother's "business." She did not see anything wrong with **Meesha** and **Keysha** living in the home, which was reportedly in bad shape (doors hanging off the hinges, people in and out all day and night). She has since admitted that her mother is a dope dealer, and it is not a safe place for any of them to be. However, she is still somewhat in denial about her mother's situation. **Erica's** and **Tyrone's** son, **Pookie**, 17 years old, is in the Texas Youth Commission (juvenile offender) system and is reported to have been involved in using and dealing drugs. He went to an alternative school and is on probation living with his girlfriend.

The 15-year-old twins, **Meesha** and **Keysha,** are not involved in drugs at this time. They were, according to **Erica**, doing well in school earlier this year. However, they flunked the 10th grade because they missed so many days of school. They were living in their grandmother's crack house but were moved to live with **Dee Dee**, **Tyrone's** ex-wife**.** She took them to school, but they apparently did not go to class. **Dee Dee's** health has deteriorated, and she is now on dialysis several times a week. She recently was hospitalized. Both **Tyrone** and **Erica** acknowledge that if they had not found a place for the girls to stay, they would not still be engaged in treatment.

For the summer, the twins are staying in Beaumont (approximately 40 miles from Houston) with **Tyrone's** elderly parents. According to **Erica**, the twins have complained that they are bored and want to return to Houston. The 81-year-old grandfather is now hospitalized. Because the grandmother, age 76, is alone, the twins have been a great help to her. **Meesha** has threatened to catch a bus and come to Houston. When she spoke with her parents, she was able to manipulate **Erica** and make her feel guilty about their living situation. **Tyrone** talked to them and assessed the situation without emotion. After the girls repeatedly asked to return home, **Tyrone** had to tell them that they had neither a home nor any place to return to. One of the current dilemmas facing the family is the girls' living situation. At this time, they do not have a residence for the upcoming school year. It is suggested that they go to Contemporary Learning Center, an alternative school where they can make up the lost year in the Houston Independent School District. Both parents have felt guilty about the current situation of their family, but **Erica** has yet to admit or disclose. **Tyrone** and **Erica** visited the girls after they had been with their grandparents for approximately three weeks in Beaumont. The girls were doing fine and not really ready to come home as **Erica** feared because they are taking care of their grandmother while the grandfather is in the hospital. The girls were anxious to know where they will go to school and where they will live. **Erica** wants **Tyrone** to get an apartment first so he can get the girls and get settled. At this time, neither **Tyrone** nor **Erica** is capable of taking on the responsibility of the household because they have neither the financial means nor enough sobriety or stability. The girls moved to Houston to live with their brother, **Pookie,** but he has been locked out of the apartment due to nonpayment of rent. They are now temporarily staying with one of **Tyrone's** 23-year-old twins. Therefore**, Erica** has applied for residence in a transitional living facility at a homeless shelter. She will reside there with the girls until she has saved enough money to get into an apartment and supply the basic needs. While there, she will continue outpatient treatment at NDCI and will be enrolled in the substance abuse program at the transitional living facility. **Tyrone** will reside in a Texas Rehabilitation Commission-funded facility for 90 days until he is able to save enough money to get an apartment, and he also will continue in the outpatient treatment program at NDCI. **Tyrone** and **Erica** talk weekly, either on pass or through their children, and apprise each other of their ensuing plans.

(1) Tyrone enters substance abuse treatment at New Directions.

(2) Easy Does It staff, at the request of Tyrone, locates Erica within two weeks to bring her into treatment.

A. Meeting held with New Directions and Easy Does It staff, Tyrone, Erica, Meesha, and Keysha to determine proper placement for Meesha and Keysha.
B. Dee Dee's twin daughters were excluded as an alternative placement for Meesha and Keysha due to the twins' suspected drug use and age.
C. Meesha and Keysha were difficult to locate during this time due to their living in and running from various relatives' homes.
D. Meesha and Keysha were removed from "queenpin's" crack house.

(3) Meesha and Keysha were taken to live at Dee Dee's home by Easy Does It staff who also provided Dee Dee with groceries to help take care of the girls.

(4) New Directions and Easy Does It staff found Pookie after numerous attempts to locate his exact residence.

(5) Over The Hill staff completed a full screening on Tyrone and Erica for HIV, Hepatitis C, Syphilis, Chlamydia, and Gonorrhea.

(6) Dee Dee became ill and is now on dialysis. Meesha and Keysha had to be taken to Beaumont, Texas (40 miles outside of Houston city limits) to live with Tyrone's parents.

(7) Tyrone's brothers and sisters pitched in to help the parents with money and transport the girls where they needed to go.

(8) While in treatment, Tyrone began day laborer employment. Tyrone will reside in TRC-funded housing for 90 days so he can save enough money to secure his own residence.

(9) While in treatment, Erica completes vocational training to become a Certified Nursing Assistant and is now employed in her field.

(10) Due to Meesha's and Keysha's failure to complete the 10th grade, and with school due to begin within two weeks, New Directions and Easy Does It staff met to determine proper placement for the girls. They will attend an alternative school in Houston where they can make up the lost grade. IPC staff had been unable to find a proper placement. However, Erica has applied for transitional housing in a homeless shelter and is slated to move with the twins. They can reside there until she can save money and move into their own apartment or with Tyrone.

(11) The saga continues…….

PROGRAM SPOTLIGHT

SPIRIT LAKE NATION RECOVERY AND WELLNESS PROGRAM

The Spirit Lake Nation Recovery and Wellness Program is a community-based program, located in Fort Totten, North Dakota, serving the Native American and non-Native American populations in the surrounding counties of Benson and Ramsey. The primary mission of the program is to provide a supportive atmosphere for the treatment of substance abuse, in part by reinforcing sobriety through interaction with persons who govern their own lives on a substance-free basis and understand the role of traditions, ceremony, and cultural history in maintaining a sober lifestyle.

Prevalence of Substance Abuse

The abuse of alcohol and its related effects on the individual, family, community, and tribe is the major health and socioeconomic problem of the Spirit Lake Nation. Prior to 1998, no program existed to address these issues. Analyses of data from the Spirit Lake Reservation show the population to be at great risk (Hoggarth, Myer, and Rousey, 1996; Rousey, 1994). For example:

- Compared to the national prevalence (9 percent), high school seniors on the reservation are 650 percent more likely to report regular use of alcohol.
- By age 13, 46 percent of reservation children had begun using alcohol, 9.2 percent began at age nine or younger.
- Multiple drug use is becoming increasingly common, particularly among the youth, with 20 percent of high school respondents reporting that they use marijuana regularly.
- Tribe college students were more than twice as likely as the national sample (50 percent versus 20 percent) to have performed poorly on a test or project in the past year due to alcohol, and 75 percent more likely to report having missed a class due to drinking.
- Prevalence of binge drinking, driving under the influence, and memory loss due to drinking are all two to three times the national averages.
- More than 20 percent of reservation adults responded affirmatively to each of the following indicators of inappropriate, excessive use of alcohol:

In the current year, have you:

- driven under the influence of alcohol
- received a citation for possession of alcohol
- had a drink in the morning

In the current year, more than 20 percent of reservation adults reported that someone in their family had been admitted to inpatient treatment for alcoholism.

These results indicate an epidemic of alcoholism on the reservation, beginning with tribal youth and extending through their lifespan. The death rate from alcoholism among Native Americans is 300 percent of the rate for all races (Indian Health Service, 1990), and rates of fetal alcohol syndrome are significantly above the national average. Other drugs are also a problem, particularly usage of marijuana. In random drug tests conducted in April 1999 of the Spirit Lake Fire Department, 91 percent of the department's 35 members tested positive for cannabis.

These statistics reflect a problem which is both national and regional in scope, and they support the pressing need for a replicable model of effective treatment for Native Americans with substance abuse problems.

Need for Expanded Treatment Capacity

The first need is in the sheer magnitude of clients needing services. Current funding levels allow 4.5 Full-Time Equivalent (FTE) professional staff to provide services for all 5,086 members of the reservation community. This minimal level of staffing makes it impossible for the program to meet the needs of all persons with substance abuse disorders. The Spirit Lake Nation Recovery and Wellness Program is forced to focus only on the highest-risk groups, individuals, and areas of need. This has forced the staff to make some difficult and painful decisions regarding who will not be served.

The program has had a problem of insufficient capacity for the entire decade of its existence; however, the following four recent developments have precipitated a crisis situation with regard to the shortfall in treatment services:

- In October 1998, by tribal resolution, a drug and alcohol policy was implemented that called for random drug testing. In the first such testing of the fire department, the failure rate was more than 90 percent. This test alone increased the treatment demand by nearly 15 percent, with additional random tests still to be conducted of casino, tribal industry and tribal administration employees.

- Welfare-to-work legislation is requiring that many individuals formerly supported on public assistance become employed within a short period. Records show that more than 50 percent of these individuals could be diagnosed with a substance abuse disorder.

- Under new leadership in 1998, the program began to collect outcome data. This initial wave of data collection included all who had enrolled in the program and did not differentiate between those who completed the program and those who did not. Still, project staff were dismayed to discover a recidivism rate of 90 percent. They planned a multipronged approach to address recidivism, including an immediate increase to a 30-day program based on data showing enhanced effectiveness.

- A recently funded domestic violence project on the reservation has begun working with victims of spousal abuse. In over 90 percent of these cases, either the victim, abuser, or both is abusing alcohol. Aggressive prosecution of these cases and support of the victims has led to an increase in both court-mandated and social service referrals.

With the program already over capacity, these combined factors have increased the wait for program enrollment from three months to six months.

Need for Specialized Programs

In reviewing possible approaches for reducing recidivism, a second concern was with the program's ability to meet all of the needs of individuals in the service area. Culturally specialized, gender- and age-specific programs are solely needed. This concern is based both on research and the experience of the Spirit Lake Nation Recovery and Wellness Program. The "generalizability" is questionable for research and strategies on alcohol abuse treatment which were developed using white male populations as a database. For example, agreement with Jellinek's (1952) classic description of progression of alcohol symptoms is limited for Navajo men and nonexistent for Navajo women (Willoughby, 1995). Substantial evidence exists regarding specific needs of female clients. Documented previously has been the benefit of specialized services for women (Dahlgren and Willaner, 1989), including brief intervention programs such as that offered by the Spirit Lake Nation Recovery and Wellness Program (Sanchez-Craig et al., 1991).

The Spirit Lake Nation Recovery and Wellness Program has been concerned about this issue for some time, but no funds are available to hire additional staff. When a position became available due to staff turnover, the program hired its first female counselor in April 1999. No specific programs serve female clients. Although the individual hired has expertise in women's issues, without a reduction in her current caseload of more than 100 clients per year, it will be impossible for her to develop any such programs for the Spirit Lake Nation Recovery and Wellness Program.

The program's self-study, conducted annually as part of its internal program review, revealed a staff desire for increased training. Although counselors are licensed, or eligible for a license in the state of North Dakota, they expressed concern that their programs of study did not adequately address the types of intergenerational transmission of substance abuse and economic deprivation that they witnessed on a daily basis. A second concern was the need to increase expertise in cultural inclusion in programming. While most of the staff are tribal members, this does not necessarily qualify them as experts in cultural matters.

Community leaders have voiced these same concerns. From 1994 through 1996, Hoggarth, Myer, and Rousey (1996) conducted surveys of a 5 percent sample of the adults of the Spirit Lake Nation Reservation regarding factors which inhibit substance abuse treatment. Repeatedly, the respondents identified the following five factors:

- People do not believe they can quit drinking.
- Friends and family use alcohol.
- There are not enough trained staff on the reservation.
- Programs are insensitive to Native American culture.
- The programs have insufficient capacity.

Need for Evaluation Data

Until 1998, the division maintained no systematic collection of demographic data on clients. Comparative data on treatment effectiveness is extremely sparse relative to the large number of programs in operation, and the data vary greatly in quality, with many studies failing to address attrition rates, length of follow-up, and other potentially important variables. Barlow and Durand (1995, p. 509) state that a recidivism rate of 70 percent to 80 percent is common in alcoholism treatment programs, whether they focus on abstinence, as does the Spirit Lake Nation Recovery and Wellness Program, or "controlled drinking." These figures, however, are based on programs that collect and publish evaluation data; the vast majority of programs do not. Data collected in 1998 showed a 90 percent recidivism rate for individuals who had enrolled in the program.

At the April 1999 general assembly, the Tribal Council directed the Spirit Lake Nation Recovery and Wellness Program to research and aggressively pursue avenues to reduce alcoholism

on the reservation. Whatever the recidivism elsewhere, the people decided that the level of alcoholism on the reservation is unacceptable.

As the evaluation process began, it became clear that the more data collected, the more it became apparent what was not known. It was not known if the figure of 90 percent was "good" or "bad" compared to the program's performance in prior years or to other programs serving Native Americans in the region. Comparison with data focusing on other tribes did not seem necessarily appropriate because there are significant cultural differences between, for example, the Southwestern and Plains tribes, particularly with respect to attitudes toward women's use of alcohol.

The program did not have accurate data on program attrition—on the proportion of individuals who completed the program but returned to abusing alcohol, compared to those who did not complete the program. Nor was information available to test differential effectiveness by age or gender.

To address the high recidivism rate, effective April 1999, treatment expanded from a two-week to a three-week model. Data collection is in progress to distinguish those who complete the program from those who do not and to assess differential recidivism rates for the two- and three-week models. The need for more detailed data is clear, but with a six-month waiting list, counselors have no time to engage in data collection and analysis. At present, only the minimum data can be collected, identifying individuals by program completion and current substance abuse status.

Based on this needs assessment and program evaluation data, the Spirit Lake Nation Recovery and Wellness staff identified the following four key priorities:

- Services to women. The most effective means for addressing the high rate of fetal alcohol syndrome is to treat women with alcoholism. There is a great need for groups that focus on women's alcohol-related issues, such as domestic violence, pregnancy, child custody, and parenting.

- Services to youth. A major barrier to effective treatment among Native Americans is the reluctance to seek treatment until a person's behavior causes arrest and referral for mandated treatment. Due to inadequate funding, the program has been forced to limit its services to the highest priority, i.e., those mandated by tribal court. As a result, youth just beginning to exhibit problems with alcohol and other drugs, especially school and juvenile court nonmandated referrals, go unserved by the program until their substance abuse reaches crisis proportions. Also, while alcoholism is the major problem on the reservation, recent data indicate an increase of drug use among tribal youth, particularly marijuana. An additional funded position would allow the program to focus on youth and provide services which take into account family environment and abuse of multiple substances.

- An enhanced cultural component in programming and training. Additional funds will allow inclusion of cultural experts, such as traditional healers and other tribal elders, as consultants in the incorporation of tribal values, ceremonies, and history into the treatment process. Also, expanded capacity will allow all counselors to meet the program's training objectives to provide staff development.

- Automated data collection and evaluation. The program should maintain a database on demographics, recidivism, and other program statistics. Additional funds will support more extensive, *automated* data collection and analysis of outcome data to identify successful modifications of the program, individuals at risk of attrition, and to indicate recommended programmatic changes.

Program Goal: *To significantly improve substance abuse treatment services by implementing a systematically monitored, community-based, culturally competent system of service provision, including specialized services for women and youth.*

Achievement of the program goal requires attainment of the following two major subgoals:

- Provide culturally-, gender-, and age-appropriate substance abuse outreach, identification, referral, treatment, and aftercare services to the Spirit Lake Nation

- Develop and integrate planning and evaluation services into the project design

Current Status of Service

Primarily, the Spirit Lake Nation Recovery and Wellness Program has been involved in outpatient services and inpatient referrals. The intervention strategy for this project is based on the following four innovations:

- A solution-focused group therapy model (Berg and Miller, 1992; Nichols and Schwartz, 1994)

- Modification of the general model for greater incorporation of cultural values and traditional healing

- Modification of the general model to focus on issues of particular importance to the group, e.g., women's concerns of domestic violence, youth relationships with their parents, etc.

- Increased emphasis on coordination with other reservation agencies

The Spirit Lake Nation Recovery and Wellness Program model was considerably revised in 1997 to incorporate data from community input. The solution-focused model adopted addresses the first community concern, i.e., the individual's disbelief that he or she can quit drinking, and to some extent, inclusion of Native American culture. The program's family support groups and family involvement address the second issue. Funds are required to meet the concerns regarding training, expansion of program capacity, and greater incorporation of Native American culture, including traditional medicine, ceremonies, and healers.

As the program increases in length, from two to three to a projected four weeks, evaluation data will be collected at each point to assess whether or not the anticipated greater attrition occurs and if it is offset by lower recidivism among those who complete the program. The inpatient program is followed by eight weeks of enrollment in a support group. Due to the relatively low literacy rate of many clients and a common difficulty in articulating concerns, the program combines a discussion section with an activity session using videos, guest speakers, and group activities. The current program is summarized in Table 1. Sessions incorporating Native American culture are shown in bold. A session on spirituality has been added, using the priest from the local Catholic church. However, many tribal members also espouse traditional Native American spirituality, which may or may not be addressed on Day 10 of the program.

DAY	DISCUSSION TOPIC	ACTIVITY
1	Dynamics of Addiction	(VIDEO) Effects of Alcohol on the Mind
2	Effects of Alcohol on the Mind & Body	(VIDEO) Effects of Alcohol on the Body
3	Communication Styles	(VIDEO) **For the Honor of All - Part I**
4	Defense Mechanisms	Group Discussion - Denial
5	Problem Solving	(VIDEO) **For the Honor of All - Part II**
6	Grief Process	(VIDEO) **For the Honor of All - Part III**
7	Domestic Violence (Guest Speaker, DV Prog.)	(VIDEO) Domestic Violence
8	Gambling Addiction	Guest Speaker, Gambling Video
9	Spirituality	Guest Speaker, Seven Dolors Church
10	Relapse, the Process, Triggers	Activity Determined by Individual Group Members' Interest
11	Individual Assignments Based on Client Needs	Solution-focused Exercises
12	Family Day	Discussion with Families of Rules, Roles, and Priorities

Modifications to Treatment Program

While quantitative outcome data have only recently been gathered, the program staff are continually looking for methods of improvement. Multiple sources suggest a more culturally integrated model as a possibility to increase program completion and decrease recidivism. It was also concluded that tribal entities should play a role in developing and implementing services that target tribal populations, particularly to ensure that materials and strategies are culturally appropriate and relevant. It was further agreed that the family unit was, and should be, the appropriate focus for substance abuse programs targeting Native Americans.

Although hampered by funding and other seemingly insurmountable challenges, the Spirit Lake Nation Recovery and Wellness Program continues to provide the Spirit Lake Nation with the best treatment service that current resources will support. Members of the program staff are committed to eliminating the debilitating effects of substance abuse in the Spirit Lake Nation. With the assistance provided by the Center for Substance Abuse Treatment (CSAT), they are determined to make their goals a reality. *(Submitted by Ed Brownshield and Shirley Belley)*

WHAT'S NEW?

Program Will Test Feasibility of Providing Incentives to Ex-Felons Who Successfully Undergo Substance Abuse Treatment

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) today announced the availability of funds to test the feasibility of new programs to help nonviolent, substance-abusing felons recover from addiction, provide restitution to victims and the community, and become more fully functioning citizens.

Cooperative agreements funded through the "Program Rehabilitation and Restitution" will study the effectiveness of multisystem programs for certain nonviolent, substance-abusing ex-felons. CSAT expects to make $2 million available to support two awards to create programs that will improve treatment retention and outcomes, reduce nonviolent criminal activity, reduce victimization, and reduce the stigma of nonviolent criminal activity due to past substance abuse by increasing the number and percentage of individuals who have their nonviolent records sealed. Program designs are expected to build on related programs such as drug courts, community courts, alternative sentencing, restorative justice programs, or Treatment Alternatives to Safer Communities (TASC).

Funding for this "Program Rehabilitation and Restitution" is limited to state or local governments, Indian tribes and organizations, and public and private domestic nonprofit entities such as community-based organizations and faith-based organizations that can demonstrate that the sealing of records for most convicted, first-time, nonviolent ex-felons is permitted by state statute within five years of the end of postrelease supervision. Examples of states with such laws include Kansas and Ohio.

"The availability and effectiveness of substance abuse treatment is crucial in assisting individuals whose lives, and that of their loved ones, have been severely affected by their addiction," said Department of Health and Human Services Secretary Tommy G. Thompson. "We need to explore every angle that can help individuals be responsible, active, and productive members of our society."

Acting SAMHSA Administrator Joseph H. Autry III, M.D., noted that "SAMHSA data show that 45 percent of state prisons and 68 percent of jails have no substance abuse treatment of any kind even though about 70 percent of persons in state prisons need substance abuse treatment. People who leave prison still addicted are likely to commit further crimes and wind up back in prison."

"Studies have shown that offenders who received in-prison and continued substance abuse treatment in the community have a much lower rate of returning to prison," CSAT Director H. Westley Clark, M.D., J.D., M.P.H. pointed out. "We need to offer ex-felons the tools they need to start a new, productive life. If people do not have the hope of meaningful employment and the ability to better themselves, we are essentially confining them to the fringes of society."

Applicants must show that the appropriate court, probation and/or parole department, prison and/or jail, public health department and/or social services agency, treatment providers, local job placement agency, city or county government, district attorney and/or prosecutor, public defender, local victim's organization, and any other appropriate agencies agree to fully participate in the planning and implementation of the project and are willing to commit the necessary resources.

Participating agencies must be able to provide comprehensive assessments; individualized service plans; case management; a continuum of substance abuse treatment; drug testing; a complete range of support services and treatment; support in obtaining a GED or other necessary education; job training, placement, and retention programs in which employers guarantee jobs for program participants; a continuum of supervision, aftercare, and continuing care programs; assistance in having felony records sealed; and assistance in having misdemeanor records sealed where permitted by law.

Applicants for these awards must plan for a minimum of 1,200 participants in the program, one- half of whom must receive the integrated services and one-half of whom will be in a comparison group receiving the usual services provided to ex-felons.

Applications for these cooperative agreements must be received by November 5, 2001. Details regarding all SAMHSA funding opportunities are published in the Federal Register and may be found on the SAMHSA website at www.samhsa.gov. SAMHSA's National Clearinghouse for Alcohol and Drug Information, 1-800-729-6686 or TTD 1-800-487-4889, will have complete application kits. Interested parties should request an application for GFA No. **TI 01-002**. Applicants who wish to ascertain whether their state laws with respect to the sealing of records meet the eligibility criteria must submit a request for this review no later than 30 days prior to the official due date for the application. Questions on program issues should be directed to Bruce Fry, project officer, at 301-443-0128. Grants management questions should be directed to Kathleen Sample at 301-443-9667.

CSAT is a component of SAMHSA, a public health agency within the U.S. Department of Health and Human Services, is the lead federal agency for improving the quality and availability of substance abuse prevention, addiction treatment and mental health services in the United States. Information on SAMHSA's programs is available on the Internet at www.samhsa.gov. News media requests should be directed to Media Services at (800) 487-4890.

Study Finds No Link Between Increase in Child Marijuana Use and Baby Boom Parents

Parental membership in the baby boom generation does not explain the rapid increase in youth marijuana use from 1992 to 1995. The lifetime marijuana use rates among parents of youths and young adults doubled from 1979 to 1994, reflecting the increasing dominance of baby boom parents. Most of this increase occurred during the 1980's, when youth and young adult drug use rates actually were declining. The percentage of parents who were baby boomers or who had ever used marijuana did not change enough from 1992 to 1995 to be a major factor in the youth increase.

These and other findings related to youth marijuana use were released today by the Substance Abuse and Mental Health Services Administration (SAMHSA) in a new report, "Parental Influences on Adolescent Marijuana Use and the Baby Boom Generation."

"Children and teens may not always admit it, but their parents' opinions and experience are always important to them," Health and Human Services Secretary Tommy G. Thompson said. "They are always listening, so we need to talk with them about the dangers of marijuana and other drugs."

"The study points out, once again, the power of parents to help their children stay healthy and drug free. It found that parents' attitudes and drug use history—whether a baby boomer or not—had an effect on their children's likelihood of using marijuana.

So, all parents need to find a way to communicate with their children about the dangers of marijuana and other drug use," said SAMHSA Acting Administrator Joseph H. Autry III, M.D. "It can make a difference. It's a matter of communication, involvement, and awareness; it's setting consistent rules, being a positive model, and listening with love."

The study found that parents who perceived little risk associated with marijuana use had children with similar beliefs. In addition, parental attitudes had an indirect effect on the child's use through the child's own attitudes. Adolescent attitudes about risks had the strongest association with adolescent marijuana use of any of the characteristics that were examined. Adolescents who perceived no risk or slight risk in occasional marijuana use were 12 times more likely to have used marijuana in the last year than adolescents who perceived great risk. This association was five times as strong as the association between adolescent and parental use.

Parental lifetime and last-year marijuana use increased the risk that a child would ever use marijuana. Controlling for parent and child sociodemographic characteristics, the children of parents who ever used marijuana were about three times as likely to have ever used marijuana as the children of parents who never used the drug.

A notable finding suggests that parental influence does not reflect the child's *imitation* of the parents but the effect of the parent having *chosen* to become a marijuana user. Children used marijuana at similar rates whether their parents had stopped using marijuana or whether they were currently using the drug.

The analyses were based on 9,463 parent (mother or father) and child (ages 12 to 25) respondents included in the National Household Survey on Drug Abuse conducted from 1979 to 1996. The research was conducted by Denise B. Kandel, Ph.D., Pamela C. Griesler, Ph.D., Gang Lee, Ph.D., Mark Davies, M.Ph., and Christine Schaffran, M.A., all of Columbia University and the New York Psychiatric Institute.

CONFERENCE CALENDAR CORNER

OCTOBER

October 4-7, 2001 - Houston, Texas (713)629.1280
28th Annual Regional Institute on Alcohol and Drug Studies
The Houston Chapter of the Texas Association of Addiction Professionals
www.spectrumconference.bizland.com

October 7-10, 2001 - St. Louis, Missouri (856) 423-7222, ext 235
American Methadone Treatment Association Conference 2001: Opioid Treatment in the 21st Century: Implementing the Vision
methworks@talley.com

October 12-13, 2001 - Miami, Florida (305) 243-6434
Treating Adolescent Substance Abuse: State of the Science
Center for Treatment Research on Adolescent Drug Abuse, University of Miami School of Medicine

October 21-25, 2001— Atlanta, Georgia (202) 777-2478
American Public Health Association's 129th Annual Meeting & Exposition
American Public Health Association
edward.shipley@apha.org

October 24-27, 2001—San Patrignano, Italy
7th International Meeting of the Drug Rehabilitation Communities
Rainbow International Association Against Drugs
rainbow@sanpatrignano.org

October 26-27, 2001—Center City, Minnesota (888) 257-7800, ext 4462
Women Healing: Passages to Recovery
Hazelden, Betty Ford Center, Caron Foundation

October 30-31, 2001—Fairfax, Virginia
HIV Prevention Counseling: The Fundamentals
Inova Juniper Program
www.inova.org

NOVEMBER

November 1-2, 2001 - Las Vegas, Nevada (702) 631-7708
HIV Impact on Communities of Color Conference 2001
SISTA TO SISTA.

November 1-3, 2001 - Washington, D.C.
State of the Art in Addiction Medicine: From Molecules to Managed Care
American Society of Addiction Medicine

November 6-10, 2001- St Louis, MO
Evaluation 2001: Mainstreaming Evaluation
American Evaluation Association Annual Conference
www.eval.org/eval2001/

November 7-9, 2001 - Portland, Oregon (617) 769-4003
CWLA Walker Trieschman Center: Tools That Work - 10th Annual Information Technologies Conference

November 10-14, 2001 - Albuquerque, New Mexico (773) 880-1460
25th National Conference on Correctional Health Care
National Commission on Correctional Health Care

For a Complete Calendar, refer to the CSAT Website at http://www.csat-tce.com

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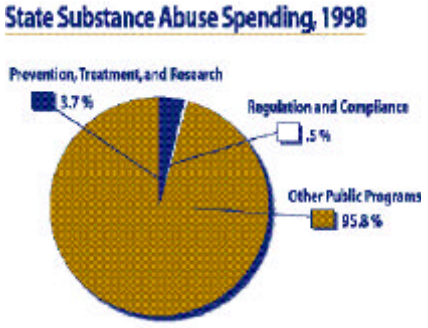
DATA BYTES

LESS THAN FOUR PERCENT OF SUBSTANCE ABUSE SPENDING BY STATES USED TO FUND PREVENTION, TREATMENT, AND RESEARCH[1]

In 1998, states spent an estimated $81.3 billion on tobacco, alcohol, and illicit and prescription drug abuse and addiction. Less than 4 percent ($3 billion) was spent on prevention, treatment, and research. Most of the states' substance abuse budgets—an estimated $77.9 billion—funded "other public programs" affected by substance abuse.* The authors hope that these findings "will encourage governors and state legislatures to make sensible investments in comprehensive efforts to reduce the use of tobacco, alcohol, and illegal drugs" (p. iii). A copy of the report is available online at www.casacolumbia.org.

* The category Other Public Programs includes justice, education, health, child/family assistance, mental health/developmentally disabled, public safety, and state workforce.



NOTE: Data were obtained from a September 1998 survey of state budget officers from the 50 states, the District of Columbia, and Puerto Rico. Five states did not participate in the survey; data for these states were estimated using the average per capita substance abuse spending in each program area for the total of the 47 responding jurisdictions.

SOURCE: Adapted by CESAR from data from the National Center on Addiction and Substance Abuse reported in CASA at Columbia University, *Shoveling Up: The Impact of Substance Abuse on State Budgets*, January 2001. For more information, contact Alyse Booth of CASA at 212-841-5260.

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